BURNETT MEDICAL CENTER - SNF 257 WEST ST. GEORGE AVENUE

GRANTSBURG Ownership: Non-Profit Corporation 54840 Phone: (715) 463-5355 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Number of Beds Set Up and Staffed (12/31/01): 53 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 53 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 52 Average Daily Census: 51

| Services Provided to Non-Residents | 1 | Age, Sex, and Primary Diagn | osis of | Residents (12/31 | /01) | Length of Stay (12/31/01) | % |
|------------------------------------|-----|------------------------------|---------|------------------|--------|---------------------------|-------------------------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 48. 1 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 38. 5 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 1. 9 | Under 65 | 1. 9 | More Than 4 Years | 13. 5 |
| Day Services | No | Mental Illness (Org./Psy) | 44. 2 | 65 - 74 | 5. 8 | | |
| Respite Care | Yes | Mental Illness (Other) | 3. 8 | 75 - 84 | 32. 7 | ĺ | 100. 0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 3.8 | 85 - 94 | 51. 9 | ********** | ****** |
| Adult Day Health Care | Yes | Para-, Quadra-, Hemi plegi c | 5. 8 | 95 & 0ver | 7. 7 | Full-Time Equivaler | nt |
| Congregate Meals | No | Cancer | 7. 7 | ĺ | | Nursing Staff per 100 Re | |
| Home Delivered Meals | No | Fractures | 1. 9 | | 100. 0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 15. 4 | 65 & 0ver | 98. 1 | ` | |
| Transportati on | No | Cerebrovascul ar | 1. 9 | | | RNs | 5. 4 |
| Referral Service | No | Di abetes | 1. 9 | Sex | % | LPNs | 7. 9 |
| Other Services | No | Respi ratory | 1. 9 | | | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 9. 6 | Male | 32. 7 | Aides, & Orderlies | 35. 4 |
| Mentally Ill | No | | | Femal e | 67. 3 | | |
| Provi de Day Programming for | i | | 100.0 | | | | |
| Devel opmental ly Disabled | No | | **** | **** | 100.0 | <u>.</u> | * * * * * * * * * * * * |

Method of Reimbursement

| | | Medicare Title 18 | | | edicaid itle 19 | | | 0ther | | | Pri vate Pay | ; | | amily Care | | | anaged Care | I | | |
|--------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|---------------------|--------------------------|----------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Diem (\$) | Total Resi - dents | % Of All |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 2 | 8. 7 | 136 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 2 | 3. 8 |
| Skilled Care | 3 | 100.0 | 271 | 24 | 92. 3 | 103 | 0 | 0.0 | 0 | 21 | 91.3 | 119 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 48 | 92.3 |
| Intermedi ate | | | | 2 | 7. 7 | 86 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 3.8 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | i 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 3 | 100.0 | | 26 | 100.0 | | 0 | 0.0 | | 23 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 52 | 100. 0 |

| *********** | ***** | ******** | ********** | ***** | ******* | ********* | ****** |
|---------------------------------------|---------------|-----------------------|---------------|--------------|----------------------|-------------------------|------------|
| Admissions, Discharges, and | | Percent Distribution | of Residents' | Conditi | ons, Services, a | nd Activities as of 12 | /31/01 |
| Deaths During Reporting Period | | | | / N 1 | | m , 1 | |
| D | | | 0/ | | % Needi ng | 0/ 77 - 11 | Total |
| Percent Admissions from: | | Activities of | % | | sistance of | % Totally | Number of |
| Private Home/No Home Health | 6. 9 | Daily Living (ADL) | Independent | One | Or Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 10. 3 | Bathi ng | 0. 0 | | 76. 9 | 23. 1 | 52 |
| Other Nursing Homes | 4. 6 | Dressi ng | 1. 9 | | 80. 8 | 17. 3 | 52 |
| Acute Care Hospitals | 78 . 2 | Transferring | 34. 6 | | 50 . 0 | 15. 4 | 52 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 26. 9 | | 61. 5 | 11. 5 | 52 |
| Rehabilitation Hospitals | 0.0 | Eati ng | 53. 8 | | 38. 5 | 7. 7 | 52 |
| Other Locations | 0.0 | ************* | ****** | ***** | ****** | ******* | ****** |
| Total Number of Admissions | 87 | Conti nence | | % | Special Treatmen | nts | % |
| Percent Discharges To: | | Indwelling Or Externa | al Catheter | 1. 9 | Receiving Res | piratory Care | 3.8 |
| Private Home/No Home Health | 19. 5 | Occ/Freq. Incontinent | t of Bladder | 55. 8 | Receiving Tra | cheostomy Care | 0.0 |
| Private Home/With Home Health | 35. 6 | Occ/Freq. Incontinent | t of Bowel | 36. 5 | Receiving Suct | ti oni ng | 0. 0 |
| Other Nursing Homes | 2. 3 | i - | | | Receiving Osto | | 5. 8 |
| Acute Care Hospitals | 4. 6 | Mobility | | | Receiving Tube | e Feeding | 3.8 |
| Psych. HospMR/DD Facilities | 1. 1 | Physically Restrained | i | 1. 9 | Receiving Mec | hanically Altered Diets | s 38. 5 |
| Reĥabilitation Hospitals | 0.0 | <u>'</u> | | | O | 3 | |
| Other Locations | 3. 4 | Skin Care | | | Other Resident | Characteri sti cs | |
| Deaths | 33. 3 | With Pressure Sores | | 1. 9 | Have Advance | Di recti ves | 63. 5 |
| Total Number of Discharges | | With Rashes | | 9.6 | Medi cati ons | | |
| (Including Deaths) | 87 | ĺ | | | Receiving Psyc | choactive Drugs | 51. 9 |
| , , , , , , , , , , , , , , , , , , , | | , | | | 8 3 | O | |

| | Thi s | 0ther | Hospital- | | Al l |
|--|----------|--------|------------|--------|--------------|
| | Facility | Based | Facilities | Fac | cilties |
| | % | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 96. 2 | 88. 1 | 1. 09 | 84. 6 | 1. 14 |
| Current Residents from In-County | 76. 9 | 83. 9 | 0. 92 | 77. 0 | 1.00 |
| Admissions from In-County, Still Residing | 20. 7 | 14. 8 | 1. 40 | 20. 8 | 0. 99 |
| Admissions/Average Daily Census | 170. 6 | 202. 6 | 0.84 | 128. 9 | 1. 32 |
| Discharges/Average Daily Census | 170. 6 | 203. 2 | 0.84 | 130. 0 | 1. 31 |
| Discharges To Private Residence/Average Daily Census | 94. 1 | 106. 2 | 0.89 | 52. 8 | 1. 78 |
| Residents Receiving Skilled Care | 96. 2 | 92. 9 | 1. 03 | 85. 3 | 1. 13 |
| Residents Aged 65 and Older | 98. 1 | 91. 2 | 1. 07 | 87. 5 | 1. 12 |
| Title 19 (Medicaid) Funded Residents | 50. 0 | 66. 3 | 0. 75 | 68. 7 | 0. 73 |
| Private Pay Funded Residents | 44. 2 | 22. 9 | 1. 93 | 22. 0 | 2. 01 |
| Developmentally Disabled Residents | 1. 9 | 1. 6 | 1. 23 | 7. 6 | 0. 25 |
| Mentally Ill Residents | 48. 1 | 31. 3 | 1. 54 | 33. 8 | 1. 42 |
| General Medical Service Residents | 9. 6 | 20. 4 | 0. 47 | 19. 4 | 0. 50 |
| Impaired ADL (Mean)* | 45. 8 | 49. 9 | 0. 92 | 49. 3 | 0. 93 |
| Psychological Problems | 51. 9 | 53. 6 | 0. 97 | 51. 9 | 1.00 |
| Nursing Care Required (Mean)* | 7. 9 | 7. 9 | 1. 00 | 7. 3 | 1. 08 |